

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme	ent Name			Telephone Number	Date of In	spection	PERMIT #
Lytupiigiiii		E	Nopal		(mm/dd/yr)		10-
Establishment Address (number and street, city, state, zip code)				502-451-8630	7 73	-19	1 -1-
500	on Addres La f	50//	e He Station FloydKnobs 114711	4	1-69) - -	92
Owner				Purpose:	Follow-up Release Date		
Enrique Roman				1. Routine	70- 1010 17		
Owner's Ac	adress			2. Follow-up 3. Complaint	Summary of Violations:		
Person in C	harge	N .	sal ludina	4. Pre-Operational	c^{2} NC c^{2} RO		
		_	niel Martinez	5. Temporary		/a	
Responsible	e Person's]	E-mai		6. НАССР	Menu Ty	pe (See back	of page)
Certified Fo	ood Manag	er	lias Roman '23	7. Other (list)	12	3	4 5
		ب	ius roman (3	<u></u>			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Co	orrected By
324	NC		Observed 3-Conp faucet le	aking.		1 we	eK
415	ے ا		Observed 5 flying insects above prep 2 days.				
<u>.</u>		table fly strips may be used in					
:			areas that do not contain	nimate food or	\		
			equipment.				
351	NC		Observed no covered trus	h can in		1 we	eK
			woman's restroom stalls.				
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Received by	- I	ا title ار		Inspected by (name and title p	~ ' /		•
<u> </u>	niel		lallinez		nider	,	
Received by):		Inspected by (signature):	/ -	0	
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cc; cc; cc;							